


FORM 1 GENERAL	 U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">S</td> <td style="width:85%;">DC0000019</td> <td style="width:5%;">T/A</td> <td style="width:5%;">C</td> </tr> <tr> <td>F</td> <td></td> <td>D</td> <td></td> </tr> </table>	S	DC0000019	T/A	C	F		D																																															
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LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .																																																						
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VII. SIC CODES (4-digit, in order of priority)									
A. FIRST					B. SECOND				
C	7	4	9	4	1	C	7		
(specify) WATER TREATMENT PLANT					(specify)				
15	16	-	17	18	15	16	-	17	
C. THIRD					D. FOURTH				
C	7				C	7			
(specify)					(specify)				
15	16	-	17	18	15	16	-	17	
VIII. OPERATOR INFORMATION									
A. NAME									
C	8	UNITED STATES ARMY CORPS OF ENGINEERS							B. Is the name listed in Item VIII-A also the owner?
15	16								<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)									
F = FEDERAL S = STATE P = PRIVATE					M = PUBLIC (other than federal or state) O = OTHER (specify)				
F					(specify)				
15	16								55
D. PHONE (area code & no.)									
					A (202) 764-0031				
15	16	-	18	19	-	21	22	-	26
E. STREET OR P.O. BOX									
5900 MACARTHUR BOULEVARD, NW									
20									
F. CITY OR TOWN									
C	B	WASHINGTON							G. STATE
15	16								DC
H. ZIP CODE									
20016									
40	41	-	42	47	-	51			
IX. INDIAN LAND									
Is the facility located on Indian lands?									
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
52									
X. EXISTING ENVIRONMENTAL PERMITS									
A. NPDES (Discharges to Surface Water)					D. PSD (Air Emissions from Proposed Sources)				
C	9	N	DC00000019			C	9	P	
15	16	17	18	30	15	16	17	18	30
B. UIC (Underground Injection of Fluids)					E. OTHER (specify)				
C	9	U				C	9		
15	16	17	18	30	15	16	17	18	30
C. RCRA (Hazardous Wastes)					E. OTHER (specify)				
C	9	R	DC1960000908			C	9		
15	16	17	18	30	15	16	17	18	30
XI. MAP									
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.									
XII. NATURE OF BUSINESS (provide a brief description)									
Washington Aqueduct is a wholesaler of potable water. Its customers are: the DC Water; Arlington County Virginia; and the City of Falls Church, Virginia									
XIII. CERTIFICATION (see instructions)									
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.									
A. NAME & OFFICIAL TITLE (type or print)					B. SIGNATURE			C. DATE SIGNED	
Thomas P. Jacobus, General Manager								May 15, 2013	
COMMENTS FOR OFFICIAL USE ONLY									
C									
15	16								56